

SENATE BILL REPORT

SHB 2016

As Reported by Senate Committee On:
Health Care, March 20, 2017
Health & Long Term Care, February 15, 2018

Title: An act relating to access to midwifery and doula services for incarcerated women.

Brief Description: Concerning midwifery and doula services for incarcerated women.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives DeBolt, Hayes, Stanford, Doglio and Muri).

Brief History: Passed House: 2/28/17, 97-1; 1/18/18, 96-0.

Committee Activity: Health Care: 3/20/17 [DP].

Health & Long Term Care: 2/15/18, 2/15/18 [DP].

Brief Summary of Bill

- Requires jails and the Department of Corrections (DOC) to make reasonable accommodations for the provision of midwifery and doula services to inmates who are pregnant or have recently given birth.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Rivers, Chair; Becker, Vice Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Staff: Kathleen Buchli (786-7488)

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass.

Signed by Senators Cleveland, Chair; Kuderer, Vice Chair; Rivers, Ranking Member; Bailey, Conway, Keiser, Mullet and Van De Wege.

Staff: Greg Attanasio (786-7410)

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Background: Midwifery and Doula Services. A licensed advanced registered nurse practitioner may be designated as a certified nurse midwife. A licensed midwife renders medical care to a woman during prenatal, intrapartum, and postpartum stages. Requirements for licensure include a certificate or diploma from a midwifery program; a minimum of three years of midwifery training; educational requirements; observation of women in the intrapartum period; and passage of an examination.

A doula is a person who provides support to a woman before, during, and after childbirth. A doula may be trained and certified by a professional organization, but is not licensed as a health care provider.

Maternity Services for Incarcerated Women. Prisons and jails provide for medically necessary health care services for incarcerated persons, including maternity services for prenatal care, delivery, and postpartum care. For pregnant inmates in DOC facilities, services are provided in the facility that a DOC health care practitioner determines is appropriate. For pregnant inmates in jail, jail personnel transport the inmate to her prenatal medical appointments in the community.

Washington Corrections Center for Women. The Residential Parenting Program at the Washington Corrections Center for Women provides a residential setting to allow incarcerated mothers to keep their infants with them during their incarceration. To be eligible for participation, an inmate must meet certain criteria and be eligible for release prior to her infant turning 30 months old. The program includes prenatal and postnatal programs.

Summary of Bill: DOC and jails must make reasonable accommodations for the provision of midwifery and doula services to inmates who are pregnant or who have given birth in the last six weeks. Midwifery services include rendering medical aid to a woman during prenatal, intrapartum, and postpartum stages and medical aid to a newborn up to two weeks old. Doula services include support and assistance during childbirth, prenatal and postpartum education, breastfeeding assistance, and parenting education. To provide these services, midwives and doulas must be granted appropriate facility access; be allowed to attend and provide assistance during labor and childbirth where feasible; and have access to the inmate's relevant health care information if the inmate authorizes disclosure.

Nothing requires DOC or governing units to establish or provide funding for midwifery or doula services, and nothing prevents the adoption of policy guidelines related to the delivery of midwifery or doula services to inmates. The midwifery or doula services provided may not supplant health care services routinely provided to the inmate.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health Care): *Testimony from 2017 Regular Session.*

PRO: There is a larger number of women incarcerated today than in the past. The ability to access doulas and midwives helps women prisoners be able to prepare emotionally to give up their child and to become a model inmate in order to get their child back. This is voluntary and does not use state dollars. It is stressful to be pregnant and incarcerated. This would provide support to the women involved and helps to contribute to their emotional health and well-being. This will ensure healthy birth outcomes. Stress has a negative impact on babies. Babies who are born to a mother who is stressed are more likely to be born pre-term and with low birth weight. Midwives and doulas would volunteer their services and would not supplant care of other health care providers. This would clarify that access to midwives and doulas is required.

Persons Testifying (Health Care): PRO: Representative Richard DeBolt, Prime Sponsor; Audrey Levine, Midwives' Association of Washington State.

Persons Signed In To Testify But Not Testifying (Health Care): No one.

Staff Summary of Public Testimony (Health & Long Term Care): PRO: The bill provides for voluntary midwifery and doula services that would not require any state investment. There is evidence that support from midwives and doulas reduce negative health care outcomes, including preterm birth and postpartum depression. Incarcerated pregnant women have a higher rate of negative health outcomes associated with child birth and should have access to care to reduce those negative outcomes.

Persons Testifying (Health & Long Term Care): PRO: Representative Richard DeBolt, Prime Sponsor; Amanda Okonek, Doula; Annie Kennedy, citizen; Patanjali de la Rocha, EmPATH; Jordan Alam, Open Arms Perinatal Services; Neva Gerke, Midwives Association of Washington.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.